



Health Planning Advisory Committee

Informational Briefing on the State Health Plan

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Agenda

- Introductions
- Training on Open Meeting Law and Conflict of Interest Responsibilities
- Review Establishing Statute: Section 14 of Chapter 224 of the Acts of 2012
- Review and Discussion of Framework and Analytic Plan
- Next Steps



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Introductions



Open Meeting Law

Lisa Snellings



Section 14 of Chapter 224 of the Acts of 2012

- “There shall be a health planning council within the executive office of health and human services...”
- “The state health plan developed by the council shall include the location, distribution and nature of all health care resources in the commonwealth and shall establish and maintain on a current basis an inventory of all such resources together with all other reasonably pertinent information concerning such resources...”
- The State Health Plan shall:
 - identify needs of the commonwealth in health care services, providers, programs and facilities
 - Identify priority for addressing those needs
 - make recommendations for the appropriate supply and distribution of resources, programs, capacities, technologies and services
- State Health Plan is due to the legislature on January 1, 2014



Section 14 of Chapter 224 of the Acts of 2012 contd.

- “The council shall assemble an advisory committee of not more than 13 members who shall reflect a broad distribution of diverse perspectives on the health care system”
- “The executive office of health and human services, with the council, shall conduct at least 5 public hearings, in geographically diverse areas, on the plan as proposed and shall give interested persons an opportunity to submit their views orally and in writing”



Development of the Analytic Plan

April

May

June

- Developed overall project plan and approach
- Delineated scope of services in statute and began to discuss how to define scope for Year 1
- Completed review of other states' health plans
- Began to solicit input from Council on priorities
- Explored geo areas for analysis

- Developed and proposed frame work for 3 levels of analysis to manage scope and prioritize planning resources
- Solicited Council input on priority areas for most resource intensive planning
- Developed and delivered first draft of Analytic Plan

- Refined levels of analysis
- Clarified output of State Health Plan
- Developed structure for Level 3 analyses
- Developed and delivered revised Analytic Plan



Recommended State Health Plan Year 1

Level of Analysis	Planning Activities	Planning Output
Level 1	<ul style="list-style-type: none">• Create table with links to best known inventory• Describe data and constraints	<ul style="list-style-type: none">• Easily accessible table with links to inventory data• Table includes description and data limitations
Level 2	<ul style="list-style-type: none">• Define health services• Obtain best available data and describe data and constraints• If data are available/adequate:<ul style="list-style-type: none">• Create inventory• Define method for estimating capacity• Calculate estimate for capacity• If data are not available, evaluate options for new data collection, data collection	<ul style="list-style-type: none">• Definitions adopted by Council for each service• When inventory data are available<ul style="list-style-type: none">• Accessible data sets including inventory• Documented methods for calculating capacity• Estimate of capacity• When inventory data are not available<ul style="list-style-type: none">• Description of data limitations• Recommended methods to improve data• Primary data collection to improve data
Level 3	<ul style="list-style-type: none">• Define health services• Data evaluation<ul style="list-style-type: none">• In depth review of data• If data are available<ul style="list-style-type: none">• Creation of inventory• Define method for estimating capacity• Calculate estimate of capacity• If data are not available, evaluate options for new data collection, and undertake data collection• Issue brief: Define the critical questions that the state health plan seeks to answer in key priority areas, analyze data; provide qualitative and quantitative conclusions as is possible with <i>current data</i>	<ul style="list-style-type: none">• Definitions adopted by the Council for each service• List of data sources, with a brief qualitative summary of data, including a synopsis of data quality• “Best source(s)” identified• Primary data collection to improve data• Easily accessible data sets including inventory• Documented methods for calculating capacity• Estimate of capacity• Issue brief
Infrastructure Development	Plan for full implementation of health plan over four upcoming years and ongoing repetition. Include infrastructure development, data warehousing, analytics, staffing, anticipated funding needs and meeting schedules.	



Year 1 Health Resource Planning: Three Levels of Analysis

Level 1	Level 2	Level 3
<ul style="list-style-type: none">• Obstetrics and Gynecology• Midwifery• "Health Screening and Early Intervention"<ul style="list-style-type: none">• Mammography• Early Intervention Programs• Optometry• Chiropractic• Pharmacy and Pharmacological Services• Radiation oncology: linear accelerators, stereostatic radiosurgery, proton beam therapy• Lithotripsy• Positron emission tomography• Pulmonary (vent beds in long term acute care hospitals)• Open Heart Surgery and left ventricular assist device• Organ Transplant Programs• Extracorporeal membrane oxygenation• Robotics	<ul style="list-style-type: none">• Dental• Dialysis units• "Emergency Services"• "Acute Care Units"<ul style="list-style-type: none">• Medical/Surgical beds• Pediatric inpatient beds• "Surgical" - Outpatient and Inpatient Operating Room• Labor & Delivery• "Post Obstetrical Care"• "ICU" (Adult)• Specialty Care Units<ul style="list-style-type: none">• Coronary Care Units• Burn• "Neonatal Care"• "ICU" (Pediatric)• Magnetic resonance imaging (MRI)• Nuclear Medicine Scanners• CT Scanners	<ul style="list-style-type: none">• "Behavioral and Mental Health Services", includes Mental Health and "Substance Abuse Treatment and Services"<ul style="list-style-type: none">• Providers, sites of care• Inpatient, outpatient & residential behavioral health & substance abuse• "Primary Care Resources"<ul style="list-style-type: none">• Practitioners• Federally Qualified Health Centers• Limited Services Clinics• Post Acute Care<ul style="list-style-type: none">• Skilled nursing• Inpatient rehab units• Long term acute care• Home health care• Hospice• Long term care and community alternatives to long term care• Assisted living• Long Term Care• Ambulatory Surgery• Percutaneous coronary intervention• Trauma<ul style="list-style-type: none">• Air ambulance

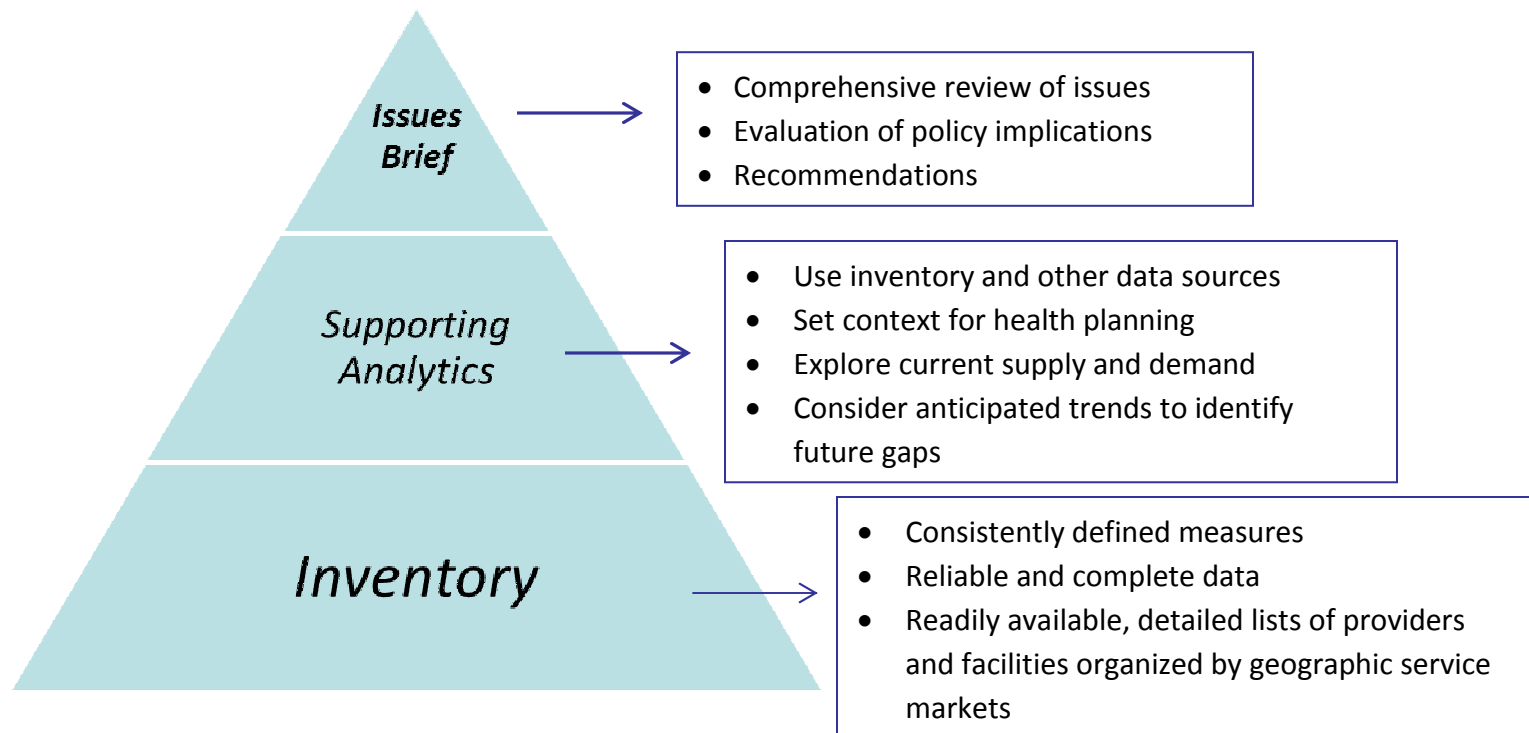


Outline – State Health Plan

- **Introduction/Overview**
 - Goals of the Council and priorities for health planning for year 1
 - Description of the framework used to develop the plan and the rationale for 3 levels of analysis
 - Glossary of terms description
 - General description of data constraints, processes to identify appropriate data sources and remedies
 - Description of the process used to create the plan (i.e., the Advisory Committee and public meetings)
 - Next steps for health planning
- **Level 1 Services – Inventory only**
 - For each service under Level 1, the State Health Plan will include a ‘simple’ inventory
 - Link to the data source (when available)
 - Qualitative description of the data available (1 or 2 sentences)
- **Level 2 Services – Inventory plus Estimate of Capacity**
 - For each service, the best source of data will be identified. When adequate data are available, an inventory will be created and capacity will be assessed.
 - If data source for a service is not robust, a description of the data and suggestions for remedying the problem will be described
 - Primary data collection
- **Level 3 Services – Highest priority for the Council (6 categories of services);**
 - Identification and analysis of data sources – what are issues/constraints, what opportunities are there to remedy gaps – describe methods for accessing/gathering data
 - Creation of inventory when adequate data is available
 - Primary data collection
 - Issues brief



Level 3 Analysis – Built on a Foundation of Data and Analytics





Level 3 Analysis Table of Contents

I. Issues Brief

- a. What are the issues to be covered? Why are they important
- b. Discussion of issues, referencing analytic set described below
- c. Summary of findings
- d. Conclusions and recommendations
- e. Next steps for this issue area

II. Supporting analytics

- a. Healthcare Trends
 1. Summary of trends that may affect resource plan
- b. Definitions
 1. Definitions of services
 2. Description of Service Markets
- c. General information to provide context to analysis (may be used by all issue briefs)
 1. Demographics
 2. Existing Health System Overview
 3. Health Status of the Population
- d. Resource Plan
 1. Descriptions of supply, capacity, workload, utilization by Service Market
 2. Findings, recommendations

III. Data Source Evaluation Tables

IV. Inventory Tables by Service Market



Next Steps

- Defining Geographic Areas
 - In coordination with Health Policy Commission
- Definitions of services to be inventoried
- Identifying existing data sources
 - Strengths and limitations
 - Accessibility
 - Reliability
- Please send written comments on Analytic Plan by July 31, 2013. Comments can be emailed to Kara.murray2@state.ma.us